

RESIDENTIAL REBATE PROGRAM

Please fill out this form completely and as accurately as possible. All fields are required unless otherwise indicated. You must submit one (1) form for each piece of equipment you purchased.

Project #

APPLICANT INFORMATION

First and Last Name

County of Residence: San Joaquin Stanislaus Merced Madera Fresno Kings Tulare Kern (*Valley portion*)

AB617 Community (*if applicable*): South Central Fresno Shafter

Home Address City State Zip Code

Mailing Address City State Zip Code

Primary Phone Alternate Phone E-mail

EQUIPMENT INFORMATION

Please select which option you are applying for:

OPTION 1 - Purchase of new electric lawn mower (*destroying old mower*)

Purchase Date	New Electric Lawn Mower Make & Model	Base Price
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

ATTENTION: Please contact a participating dismantler to verify the facility's standard for receiving the old mower (i.e. fluids drained, etc.) before taking it to the facility. **You must obtain a Destruction Verification Form dated within 30 days of new equipment purchase and submit along with your application and receipt.** For participating facilities, visit www.valleyair.org/cgym.

Participating Dismantler Name Date Delivered to Dismantler

OPTION 2 - Purchase of new lawn care equipment (*no old equipment being destroyed*)

Type of Electric Equipment (<i>leaf blowers are not eligible</i>)	Base Price
<input type="checkbox"/> Mower <input type="checkbox"/> Edger <input type="checkbox"/> String Trimmer <input type="checkbox"/> Hedge Trimmer <input type="checkbox"/> Chainsaw <input type="checkbox"/> Pole Saw	<input style="width: 100%;" type="text"/>

VERIFICATION

I hereby certify that all information provided in the rebate application, including any attachments, are true and correct and by signing this form, I will comply with all Residential Lawn Equipment Rebate Program requirements.

Print Name Signature Date

CHECKLIST & SUBMIT

You are almost done!

Please submit the following:

- Signed and completed Rebate Application
- Copy of invoice or receipt of purchase
- Destruction Verification Form if Option 1

For assistance with your application, please call program staff at (559) 230-6000.

When complete, please submit via:

MAIL: San Joaquin Valley Air Pollution Control District
Attention: CGYM Rebate Program Staff
1990 East Gettysburg Ave., Fresno, CA 93726-0244

E-MAIL: grants@valleyair.org | **FAX:** (559) 230-6112

OR APPLY ONLINE: valleyair.org/cgymresidential